

## Field Office Record of Claimant Interview

Do not write in this box  
 Date Interviewed

Month	Day	Year

### Paperwork Reduction Act/Privacy Act Notice

Information on this form is collected for the purpose of determining your eligibility for railroad retirement benefits. The information you provide will be used to determine your eligibility for railroad retirement benefits and to process your application for benefits. This information may be shared with other agencies for the purpose of determining your eligibility for benefits. You have the right to review the information that we have about you and to correct or delete it if it is incorrect. You also have the right to request that we delete the information that we have about you. If you have any questions about this notice, please contact the Railroad Retirement Board at 1-800-772-6842.

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### Instructions

Print all answers in ink as neatly as possible. If you need more space for answers, attach a separate sheet of paper identified with your name and social security number. If you do not know the answer to a question, print "UNKNOWN" in the answer space. If you need help completing this form, contact the Railroad Retirement Board office shown on page 6. Complete Items 1 through 19 of this form unless the instructions tell you to skip to another item. **Stop after completing Item 19.**

### Section 1 Identifying Information

Identification	<b>1</b> Your Name (First, Middle, Last) ▶			
	<b>2</b> Your Social Security Number ▶			
	<b>3</b> Your Mailing Address ▶	Street		
		City	State	ZIP Code
	<b>4</b> Your Telephone Number (Include Area Code) ▶	Home	Work (      )	
<b>5</b> Your Payroll or Employee Number ▶				

### Section 2 Prospects for Employment and Work History

Information About Your Most Recent Job	<b>6 a.</b> Enter the following information about your most recent employment, regardless of whether you last worked for a railroad or nonrailroad employer, worked part-time, or were self employed.			
	Employer Name ▶			
	Employer Street Address ▶	Street		
		City	State	ZIP Code
	Job Title ▶			
	Department ▶			
	Supervisor's Name and Telephone Number ▶			
	Date First Employed ▶			
	Date Last Worked ▶			
	Reason No Longer Working ▶			
Date of Expected Recall ▶				
<b>b.</b> Are you suspended or discharged? ▶	<input type="checkbox"/> YES - Go to Item 6b(1)	<input type="checkbox"/> NO - Go to Item 7		
<b>(1)</b> Enter the length of your suspension, if applicable. ▶				
<b>(2)</b> Are you now seeking reinstatement to your railroad job? ▶	<input type="checkbox"/> YES - Go to Item 6b(3)	<input type="checkbox"/> NO - Go to Item 7		

Information About Your Most Recent Job Continued	<b>(3)</b> Enter the name, address, title, and telephone number of the union official who is handling your case for reinstatement.	
	Union Name ▶	
	Official ▶	
	Title ▶	
	Address ▶	
	Telephone Number (Include Area Code) ▶	(      )

Information About Prior Jobs	<b>7</b> Enter the following information about all <b>railroad</b> and <b>nonrailroad</b> employment you held at the same time or before your most recent employment shown in Item 6. Only list employment held in the last 5 years. Include part-time and self-employment. Enter more recent employment first. If none, enter "None."			
	Employer		Address	
	Occupation	Date started	Date ended	Reason for leaving
	Employer		Address	
	Occupation	Date started	Date ended	Reason for leaving
	Employer		Address	
	Occupation	Date started	Date ended	Reason for leaving
	Employer		Address	
	Occupation	Date started	Date ended	Reason for leaving
	Employer		Address	
	Occupation	Date started	Date ended	Reason for leaving

### Section 3 Other Payments

Information About Other Payments	<b>8</b> Have you received or applied for, or do you expect to receive or apply for, any of the following payments?
	<b>a.</b> Job protection or wage guarantee payments? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b.</b> Wages, salary, or pay for time lost? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>c.</b> Income from self-employment, farming, or part-time work? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>d.</b> Payment for National Guard or military reserve duty? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>e.</b> Vacation pay? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>f.</b> Pay in the form of commodities, services, or privileges? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>g.</b> Social security, military retirement, or retainer pay, or other retirement payments or benefits? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>h.</b> State unemployment or sickness compensation, or workers' compensation? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>i.</b> Separation allowance, severance pay, buy-out? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>If you answered all parts "NO," Go to Item 10.</b>
	If you answered any part "YES," describe the payment. _____ _____ _____

Information  
About Other  
Payments

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**Section 4 Placement Information Needed to Help You Find Work**

In this section, describe your education, skills, credentials, experience, and training. This information will be used to match you with possible job vacancies and to advise you on how and where to look for work.

Past Education

- 9 a.** Do you have a high school diploma or GED certificate? \_\_\_\_\_  YES  NO
- b.** Did you graduate from trade or vocational school? \_\_\_\_\_  YES  NO  
If "YES," enter the trade or vocation you studied. \_\_\_\_\_
- c.** Did you attend college? \_\_\_\_\_  YES  NO  
If "NO," Go to Item 11.
- d.** If "YES," what was your major field of study? \_\_\_\_\_
- e.** Did you obtain a college diploma? \_\_\_\_\_  YES  NO

Current School Attendance

- 10 a.** Are you now, or will you be, attending school? \_\_\_\_\_  YES  NO  
If "NO," Go to Item 12.
- b.** If "YES," enter the requested information below.
- |                              |   |       |
|------------------------------|---|-------|
| Name of school               | ▶ | _____ |
| Location                     | ▶ | _____ |
| Course of study              | ▶ | _____ |
| Date school begins           | ▶ | _____ |
| Date school ends             | ▶ | _____ |
| Class schedule (days, hours) | ▶ | _____ |
- c.** Did you attend school while working in your last job? \_\_\_\_\_  YES  NO
- d.** Would you quit school now if offered full-time work? \_\_\_\_\_  YES  NO

Licenses, Skills,  
Training and  
Experience

- 11 a. Licenses and Certificates**—List your licenses and certificates, if any, that may be helpful in obtaining employment (for example, class "D" drivers license, FCC or real-estate license, or journeyman certification).
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- 
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Licenses, Skills, Training and Experience, Cont.

**b. Special Skills, Training, and Experience**— List your special skills, training, and experience that may be helpful in obtaining employment (for example, stenography, word processing, operation or repair of mechanical or electronic equipment, TIG welding, knowledge of tax law, computer training).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ability to Work

**12** Are you physically able to work in your regular job? \_\_\_\_\_  YES  NO

If "NO," explain why not. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Circumstances

**13** Are there any personal circumstances which would keep you from accepting work now, such as child care responsibilities, lack of transportation, or your health? \_\_\_\_\_  YES  NO

If "NO," Go to Item 15.

If you answered "YES," explain the circumstances. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information About the Kinds of Work You Will Accept

**14** Enter the following information about the kinds of work (railroad and nonrailroad) that you are qualified for and willing to accept:

**a.** Kinds of work

- ▶ **1** \_\_\_\_\_
- ▶ **2** \_\_\_\_\_
- ▶ **3** \_\_\_\_\_

**b.**

		Minimum		Preferred
▶	\$	per	\$	per

**c.**

- ▶ Miles \_\_\_\_\_

Information About Your Efforts to Find Work

**15** Have you applied for work within the last 30 days? \_\_\_\_\_  YES  NO

If "NO," Go to Item 17.

If you answered "YES," give the following information about your attempts to find work:

If you have made more than 5 work-seeking attempts, continue this information on a plain sheet of paper.

	Employer	City and State	Kind of work	Date contacted	Results
<b>a.</b>					
<b>b.</b>					

Information About Your Efforts to Find Work

<b>c.</b>				
<b>d.</b>				
<b>e.</b>				

State Employment Service

**16**

Are you registered with any State Employment Service or Job Service Program? \_\_\_\_\_  YES  NO

If "NO," Go to Item 18.

If "YES," complete Items a, b, and c:

**a.** Give the address and telephone number of the State Employment Service office where you registered for job placement assistance.

\_\_\_\_\_  
\_\_\_\_\_

**b.** Enter the date you last contacted the State Employment Service about job opportunities. \_\_\_\_\_

**c.** Enter the result of your contact.

\_\_\_\_\_  
\_\_\_\_\_

**Section 5** Remarks

Your Certification

**17**

This section is to be used for the continuation of answers to the other items. Be sure to include the item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional information that you feel may be important to include.

▶ \_\_\_\_\_  
▶ \_\_\_\_\_

 Telephone Number

**Section 6****Certification**Your Certification  
our Certification**18**

I certify that the information I have provided on this form is true, correct, and complete. I have been given a copy of Booklet UB-10 and have been told to read it. I know that I must immediately report to the Railroad Retirement Board (RRB) any changes which might affect my entitlement to benefits. I understand that civil and criminal penalties, including a fine and imprisonment may be imposed on me for false or fraudulent statements or claims or for withholding information to get benefits from the RRB.

**Sign your name here** ▶

▶ \_\_\_\_\_

**Enter today's date here** ▶

▶ \_\_\_\_\_

**STOP HERE:** Item 19 is the last item for you to complete on this form. Take time now to go back over this form to make sure you have answered each item accurately and completely. If you are about to be interviewed, give this form to the RRB representative who will interview you. If you received this form by mail, return it in the enclosed pre-addressed envelope. If you do not have the envelope, mail the form with sufficient postage to:

Railroad Retirement Board  
Office of Programs/Policy & Systems  
844 North Rush Street  
Chicago, IL 60611-1275

☎ Telephone Number: 1-877-772-5772

**FOR RRB USE ONLY**

**Interviewed by** ▶ Michelle.Andrey

**Remarks**

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Interviewer's Signature and Remarks

**FOR RRB USE ONLY**

**Field Office Record of Claimant Interview**

<input type="checkbox"/> Initial	<input type="checkbox"/> Subsequent	<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mail	UI-35 Date
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**Rights and requirements** (Check items explained to claimant.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Able and available               | <input type="checkbox"/> Separation allowance       | <input type="checkbox"/> BA-6               |
| <input type="checkbox"/> Voluntary quit                   | <input type="checkbox"/> Work/earnings restrictions | <input type="checkbox"/> How to file for SI |
| <input type="checkbox"/> Work on claimed day              | <input type="checkbox"/> Fraud penalty              | <input type="checkbox"/> Vacancies list     |
| <input type="checkbox"/> Failure to apply, accept, report | <input type="checkbox"/> Appeal rights              | <input type="checkbox"/> Central register   |
| <input type="checkbox"/> Registration requirements        | <input type="checkbox"/> Duration of benefits       | <input type="checkbox"/> UB-10 provided     |
| <input type="checkbox"/> Receipt of other benefits        | <input type="checkbox"/> Compensable days           | <input type="checkbox"/> UI-35c provided    |

Describe the investigation or additional action required.

**Determination:**  Eligible  Adverse (Prepare Form UI-27g)

**Record of Interview Input to RUCS:**  Yes  No

**Remarks**

Determined by	Date	Reviewed by	Date
Michelle Andrey			

**Work-seeking advice** (If none, explain why.)

- Make diligent efforts to find work.
- Register with the State Employment Service. If already registered, visit the service regularly for job information.
- Read Booklet UB-12, Guide to Finding the Right Job, and follow the work-seeking advice that is appropriate for you.
- Contact and attempt to file employment applications with:
  - None given, seasonal employee.  ID-8F sent.
  - None given, suspended or discharged seeking reinstatement.  ID-8E sent.
  - If seeking reinstatement, stay in contact with your union representative.
  - None given, working extra-board or part-time railroad.  ID-8G sent.
  - None given, working nonrailroad.
  - Other:

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# Important reminders

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- **File on time!** The RRB must receive your claims within 15 calendar days after the last day of the claim or the date we mailed the claim to you, whichever is later. If you file your claim late you may lose benefits.
- **Fill out claims completely!** You must provide all information requested by the claim form, even if you believe the requested information does not affect your entitlement to benefits. For example, if the RRB or someone else tells you that your part-time work will not affect your benefits, you must still report such work on your claims.
- **Follow-up promptly!** If you are expecting a claim form or payment from the RRB but do not receive it within 20 days, contact the RRB immediately.

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## Follow the instructions checked below or you may lose benefits:

- Make diligent efforts to find work.
- Register with the State Employment Service. If already registered, visit the service regularly for job information.
- Read Booklet UB-12, Guide to Finding the Right Job, and follow the work-seeking advice that is appropriate for you.
- Contact and attempt to file employment applications with:
  
- Other: